Received 1/27/16

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✓ Secondary

_____ Advanced ✓ Other. Describe: Post Aeration and Chlorination

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b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	40.00	%
Design SS removal	40.00	%
Design P removal	0.00	%
Design N removal	0.00	%
Other _____	_____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes ✓ No

d. Does the treatment plant have post aeration? ✓ Yes _____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.60	s.u.			
pH (Maximum)	7.80	s.u.			
Flow Rate	0.149	MGD	0.064	MGD	
Temperature (Winter)	70.00	Degrees F	66.00	Degrees F	3.00
Temperature (Summer)	———		———		

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	6.80	mg/l	4.27	mg/l	3.00	SM5210B 18E	2
	CBOD-5	3.90		2.54				
FECAL COLIFORM		2.80	col/100ml	80	col/100ml	3.00	STDM 9222D	1
TOTAL SUSPENDED SOLIDS (TSS)		15.2	mg/l	10	mg/l	3.00	SM2540D19E	2

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

not mandated;TDEC has encouraged upgrade because of flow cap. and O&M problems

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	__/__/____	__/__/____
– End construction	__/__/____	__/__/____
– Begin discharge	__/__/____	__/__/____
– Attain operational level	__/__/____	__/__/____

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e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No

Describe briefly: In Design Phase. Plans approval will have to be obtained.

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 1

POLLUTANT	MAXIMUM DAILY DISCHARGE Conc.	MAXIMUM DAILY DISCHARGE Units	AVERAGE DAILY DISCHARGE Conc.	AVERAGE DAILY DISCHARGE Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	0.91	mg/l	0.109	mg/l	3.00	EPA 350.1	0.2
CHLORINE (TOTAL RESIDUAL, TRC)	< 0.10	mg/l	< 0.10	mg/l	3.00	SM4500CLB	0.1
DISSOLVED OXYGEN	6.60	ppm	4.60	ppm	3.00	STDM4500-OG	0.1
TOTAL KJELDAHL NITROGEN (TKN)	5.75	mg/l	2.75	mg/l	3.00	EPA 351.2	.2
NITRATE PLUS NITRITE NITROGEN	16.7	mg/l	10.3	mg/l	3.00	EPA 353.2	.05
OIL and GREASE	< 5.56	mg/l	< 5.37	mg/l	3.00	EPA 1664	5
PHOSPHORUS (Total)	13.1	mg/l	11.0	mg/l	3.00	SM 4500 P-F	0.1
TOTAL DISSOLVED SOLIDS (TDS)	760	mg/l	615	mg/l	3.00	SM2540C	1
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE